

CLAIMANT'S NAME

Terry McGuire

POSITION

Deputy Controller - Investments

RESIDENCE ADDRESS *

CITY

STATE	ZIP CODE
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SSN or EMPLOYEE NUMBER*

DEPARTMENT

State Controller's Office

DIVISION or BUREAU

Executive Office

INDEX NUMBER

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

300 Capitol Mall, Suite 1850

CITY

STATE

ZIP CODE

Sacramento

CA

95814

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
Jan - Mar														
1/5		Sacramento					65.00	R			0.00		65.00	
2/1		Sacramento					65.00	R			0.00		65.00	
3/1		Sacramento					65.00	R			0.00		65.00	
											0.00		0.00	
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											0.00		0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	195.00		0.00	0.00	0.00	195.00	

CLAIM TOTAL

\$195.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Monthly Amtrak passes for travel between residence and HQ.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED	
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AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CL

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____